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## \*BIBDATASHEET\*

CONFIRMATION NO. 5669

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/259,770	<b>FILING OR 371(c) DATE</b> 03/01/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3624	<b>ATTORNEY DOCKET NO.</b> 3635-4000
<b>APPLICANTS</b> STEPHEN J. HODGDON, GREENWICH, CT; CHARLES W. KADLEC, SUMMIT, NJ; <b>** CONTINUING DATA *****</b> <i>NIA</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NIA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/23/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>NIA</i> 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>dm</i> Verified and Acknowledged <i>dm</i> Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 89 <i>38</i>	<b>INDEPENDENT CLAIMS</b> 21 <i>6</i>
<b>ADDRESS</b> 27123				
<b>TITLE</b> SELIGMAN HARVESTER RISK MANAGEMENT SYSTEM FOR ACHIEVING A RECOMMENDED ASSET ALLOCATION AND WITHDRAWAL STRATEGY				
<b>FILING FEE RECEIVED</b> 3406	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/259,770	FILING DATE 03/01/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 3635-4000
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APPLICANT

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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

N/A *gml*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

N/A *gml*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/23/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 16	TOTAL CLAIMS 89	INDEPENDENT CLAIMS 21
Verified and Acknowledged <i>gml</i> Examiner's Initials		<i>gml</i> Initials			

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TITLE

SELIGMAN HARVESTER RISK MANAGEMENT SYSTEM FOR ACHIEVING A RECOMMENDED  
ASSET ALLOCATION AND WITHDRAWAL STRATEGY

FILING FEE RECEIVED  \$3,406	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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